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06-27-01

A/ REISSUE
PTO/SB/50 (02-01)
Approved for use through 01/31/2004 OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

First Named Inventor

Original Patent Number

Original Patent Issue Date
(Month/Day/Year)

Express Mail Label No.

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☐ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☐ Yes ☒ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53)
☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☒ Original U.S. Patent for surrender
☐ Ribbonded Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration (if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
17. Other: Certificate of Corrections
(2 copies)
.....
.....

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Brett O. Hall		
Address	4206 Lazy Creek Dr.		
	Zip Code	30066	
City	State	Fax	
Marietta	GA	770-517-6135	
Country	Telephone		
USA	770-517-5991		

NAME (Print/Type)	Brett O. Hall	Registration No. (Attorney/Agent)	
Signature	Brett O. Hall	Date	6/25/01

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

Claims as Filed - Part 1

Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
			Rate	Fee	Rate	Fee
(A) 21	Total Claims (37 CFR 1.16(j))	**** 3 =	x \$ 9 =	27	or	x \$ =
(C) 2	Independent claims (37 CFR 1.16(j))	* 1 =	x \$ 40 =	40		x \$ =
Basic Fee (37 CFR 1.16(h))				\$ 355		\$
Total Filing Fee				\$ 422	OR	\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(f))	***	MINUS **	* =	x \$ =		x \$ =	
Independent Claims (37 CFR 1.16(j))	***	MINUS *****	=	x \$ =		x \$ =	
Total Additional Fee				\$	OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**6-25-01
DateBrett O. Hall
Signature of Applicant, Attorney or Agent of Record_____
Typed or printed name

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

Claims as Filed - Part 1

Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
			Rate	Fee	Rate	Fee
(A) 21 (C) 2	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(f))	(B) 23 (D) 3	**** 3 =	x \$ 9 = 27	or	x \$ ____ =
		* 1 =	x \$ 40 =	40		x \$ ____ =
Basic Fee (37 CFR 1.16(h)) \$ 355						\$ ____
Total Filing Fee \$ 422					OR	\$ ____

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(f))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee \$						OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**6-25-01
DateBrett O. Hall
Signature of Applicant, Attorney or Agent of Record_____
Typed or printed name

PTO/SB/53 (12-97)

Approved for use through 9/30/00. OMB 0851-0033

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION BY THE INVENTOR, OFFER TO SURRENDER PATENT		Docket Number (Optional)
<p>This is part of the application for a reissue patent based on the original patent identified below.</p>		
Name of Patentee(s)		
Patent Number	6,223,125 B1	Date Patent Issued April 24, 2001
Title of Invention Collision Avoidance System		
<p>I am the inventor of the original patent.</p> <p>I offer to surrender the original patent.</p> <p>1. <input type="checkbox"/> Filed herein is a certificate under 37 CFR 3.73(b).</p> <p>2. <input checked="" type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.</p> <p>One of boxes 1 or 2 above must be checked.</p> <p>The written consent of all assignees owning an undivided interest in the original patent is included in this application for reissue.</p>		
Signature Brett O. Hall		Date June 25, 2001
Typed or printed name Brett O. Hall		
The assignee owning an undivided interest in said original patent is <u>none</u> and the assignee consents to the accompanying application for reissue.		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.		
Name of assignee		
Signature of person signing for assignee		Date
Typed or printed name and title of person signing for assignee		

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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional)
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) <i>Brett O. Hall</i>		
Patent Number <i>6,223,125 B1</i>	Date Patent Issued <i>April 24, 2001</i>	
Title of Invention <i>COLLISION AVOIDANCE SYSTEM</i>		
<p>1. <input type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input checked="" type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee(s) owning an undivided interest in said original patent is/are _____, and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned) <i>Brett O. Hall</i>		
Signature <i>Brett O. Hall</i>	Date <i>6-25-01</i>	
Typed or printed name and title of person signing for assignee (if assigned)		

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